

Family Name:

Family ID:

EIPP REFERRAL CHECKLIST

COMMUNITY RESOURCE	Already Receiving	N/A	Referred	REFERRAL OUTCOME			
				Denied	Enrolled/ Receiving	Barriers*	Pending/ Waiting List
Access and Utilization of Care							
Health Insurance							
Prenatal Care							
Primary Care							
Well Baby Care							
Medical Specialist Services							
Hearing/Vision Care							
Child Care/Day Care							
Clothing or other Material Needs							
Transportation							
SSI							
TANF/TAFC							
EA							
Education							
Employment/Job Training							
Housing/Shelters							
Legal Assistance							
Women's Health							
Family Planning							
STIs/HIV							
Breast and Cervical Screening							
Oral Health							
Dental Care							
Nutrition							
WIC							
Food Stamps							
Food Bank							
Breastfeeding							
Lactation Support							
Physical Activity							
Gym, walking club, etc.							
Cognitive and Perceptual							
Environmental Health and Safety							
Healthy Homes							
Legal Assistance							
Car Seat Safety							
Alcohol, Tobacco and Other Drugs							
Smoking Cessation							
Substance Abuse Services							
Violence							
Family Violence							
IPV							
CAN							
Emotional Health							
Counseling/Mental Health							
Healthy Parenting							
Parenting Education/Support							
Child Care/Day Care							
OTHER:							
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